

City of Lincoln  
3-Mile District

## DEMOLITION PERMIT APPLICATION

### Building & Safety Department

City of Lincoln - Lancaster County ♦ 555 S. 10<sup>th</sup> Street ♦ Room 203 ♦ Lincoln, Nebraska ♦ Ph: 402-441-7521 ♦ Fax: 402-441-8214

Permit No. \_\_\_\_\_ Fee \$ \_\_\_\_\_

Street Address \_\_\_\_\_

Owner \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_

Other Legal \_\_\_\_\_

Building Size \_\_\_\_\_ Basement Size \_\_\_\_\_ Height of Building \_\_\_\_\_

Number of Stories \_\_\_\_\_ Type of Construction \_\_\_\_\_

### Disposal of Building Materials

City Landfill

Alternate Location (address) \_\_\_\_\_

Special Permit No. \_\_\_\_\_

#### Commercial

More than one building on premises  
(Attach site plan)

#### Residential

Single Family Residence

Duplex

Multiple: Number of Units \_\_\_\_\_

#### Garage, Shed

### Official Use Only

	Date	Initial
Sewer Abandonment	_____	_____
Water Abandonment	_____	_____
Historic Preservation	_____	_____
Ownership Verified	_____	_____
Insurance	_____	_____
Fence	_____	_____
Excavation Inspection	_____	_____
Final Inspection	_____	_____

Street Use Permit # \_\_\_\_\_

Demo Use Code \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Demo Contractor

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

All work will be done in accordance with Chapter 20 of the Lincoln Municipal Code. I am the owner of record of the above property, or have entered a contract with the owner of record, to demolish the above building/s. I assume complete responsibility for any liability arising from the demolition of the above building/s and I understand that I, as the owner or his agent, must insure the following is complete.

- ♦ Sewer and water lines must be abandon at the main and inspected before a demolition permit will be issued;
- ♦ Electric and gas companies must be contacted and services must be disconnected before commencing any demolition work;
- ♦ State and/or federal agencies must be contacted regarding any asbestos removal.

I hereby certify that I have read and examined this application and know the same to be true and correct.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Building and Safety Approval \_\_\_\_\_ Date \_\_\_\_\_